

Department of Veterans Affairs		VA Research Consent Form	
Subject Name:		Date:	
Title of Study:	(enter title here)		
Principal Investigator:	(enter name of PI here)	VAMC:	
<p>Purpose:</p> <p>Description:</p> <p>Risks:</p> <p>Benefits:</p> <p>Alternate Courses of Action:</p> <p>Statement of Research Results:</p> <p>Special Circumstances:</p> <p>Compensation:</p>			
<p>SUBJECT'S IDENTIFICATION (I.D. plate or give name -- Last, First, Middle Name):</p>			
VA Form 10-1086 NOV. 2001 (DF)		Page 1 of 2	Subject's Initials: _____

Department of Veterans Affairs		VA Research Consent Form	
Subject Name:		Date:	
Title of Study:	(enter title here)		
Principal Investigator:	(enter name of PI here)	VAMC:	
<p>RESEARCH SUBJECT'S RIGHTS:</p> <p>Dr. _____ has explained the study and answered all questions. The risks or discomforts and possible benefits of the study have been described. Other choices of available treatment have been explained.</p> <p>Participation in this study is entirely voluntary. You may refuse to participate. Refusal to participate will involve no penalty or loss of rights to which individuals are entitled. Participants may withdraw from this study at any time without penalty or loss of VA or other benefits. Participants will receive a signed copy of this consent form.</p> <p>The results of this study may be published, but records will not be revealed unless required by law. In case there are medical problems or questions, Dr. _____ can be called at _____ during the day and Dr. _____ at _____ after hours. If any medical problems occur in connection with this study, the VA will provide emergency care.</p> <p>Please direct questions about the consent process and the rights of research subjects to the Institutional Review Board Coordinator, Douglas Feldman, at (734) 761-7951.</p>			
_____ Subject's Signature		_____ Date	
_____ Signature of Subject's Representative <small>(Only required if subject is not competent.)</small>		_____ Representative (Print Name)	_____ Date
_____ Signature of Witness		_____ Witness (Print Name)	_____ Date
_____ Signature of Investigator		_____ Date	
<p>IF MORE THAN ONE PAGE IS USED, EACH PAGE (VAF 10-1086) MUST BE CONSECUTIVELY NUMBERED AND SIGNED.</p>			
VA Form 10-1086 NOV. 2001 (DF)		Page 2 of 2	
Subject's Initials: _____			